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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### HEPATIC ABSCESS—WITH NOTES OF THREE CASES.

BY W. H. CURTISS, M.D.,  
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Having read with much interest the numerous papers upon the subject of Hepatic Abscess that have recently been presented to the profession through the medium of the medical journals, and notably those of Prof. Hammond, of New York, and Dr. Coles, of St. Louis, I am tempted to add my mite of evidence in favor of the ground taken by Prof. H., by giving the history of three cases of this disease that have come under my care within the last three years. Two of these cases were undoubtedly proper ones for aspiration, and while the still more heroic treatment finally adopted admits of some doubt as to its propriety, I am still inclined to think that "the end justified the means." Of this, however, I leave the profession to judge, confident myself that the dangers to be encountered by an evacuation of the abscess by means of the aspirator or by free incision are infinitely less than the dangers of septic poisoning—peritonitis—bronchitis, or any of the other unpleasant sequelæ that often follow the expectant plan of treatment.

CASE 1.—G. S., aged 24, of intemperate habits, was taken suddenly ill after a prolonged debauch, during which he was subjected to the tender mercies of a couch by the wayside on a stormy night, and when seen the next day was found to be suffering from high fever, intense headache, and severe shooting pains in the region of the

liver, and extending thence to the right scapula. The bowels were somewhat constipated, stomach irritable, abdominal parietes sensitive, especially over right hypochondriac region. The diagnosis of acute hepatitis was made, and the patient ordered eight grains hydrarg. sub-chlor., as a cathartic, tr. digitalis and tr. aconite, to control the fever and rapid pulse, with free use of broken ice, by the mouth. The pain was relieved from time to time by hypodermic injections of morph. acetas. The medicine seemed to operate well, but failed to cut short the disease, which ran a rapid course. At the end of a week fluctuation could be made out near the costal extremities of the seventh, eighth and ninth ribs. On the tenth day of his illness he was taken with a severe rigor, followed by hectic fever and low, muttering delirium, indicating the absorption of the purulent matter.

He was now placed upon quinia sulph. and tr. ferri chlor., in liberal doses, together with nourishing diet, and stimulants, in form of egg-nog, etc. Notwithstanding the best of nursing he grew rapidly worse, and when seen on the fifteenth day of his illness his condition was apparently hopeless. The abscess now formed a distinct fluctuating mass, with, at the costal extremity of the ninth rib, a faint rose-colored spot, the size of a half-dollar, indicating a tendency to point at that place. The patient's condition, however, was such that it was evident death would ensue before a voluntary evacuation of the abscess would take place.

Trusting that adhesions had taken place between the liver and the peritoneum sufficient to permit an escape of the pus into the abdominal cavity, I decided to evacuate the abscess by a

free valvular incision. This was accordingly done, and about two quarts of pus tinged with bile and hepatic debris was allowed to escape, greatly to my patient's relief, who soon sank into a quiet slumber, from which he awoke rational and every way much better.

The septic symptoms did not immediately subside, but gradually disappeared under the quinine and iron treatment, combined with liberal nourishment. The abscess continued to discharge for several weeks, when the incision healed kindly and the patient made a good recovery without an untoward symptom.

CASE 2.—Hattie P., aged fifteen. Native American. Ill for several weeks. When first seen complained of severe pain in the epigastric region, of a lancinating character, accompanied by nausea and vomiting, chills, fever, headache, etc. Bowels constipated, urine scanty and high-colored, containing small quantity of bile. Sclerotic quite yellow, skin moist and clammy. Says she was usually well until about three weeks ago, when she was taken quite suddenly with a pain in right side, which has become more and more intense until now it is hardly bearable. Did not have any chills and but little fever, until ten days ago. Respiration rapid and superficial, tongue furred, pulse 130 and thready. On palpation left lobe of liver is found much enlarged, reaching nearly to the umbilicus, with distinct fluctuation below ensiform cartilage. Right lobe somewhat enlarged and very sensitive. Diagnosis hepatic abscess. To have quinine, iron, beef tea, with morphia and ice, to quiet pain and vomiting. Also to have poultice of linseed meal to epigastrium. Patient grew rapidly worse, and on the third day from institution of treatment the outlook was so bad that, although there were no indications of pointing, I decided to evacuate the abscess, as the only chance of success. I accordingly made a free incision immediately below the ensiform cartilage, which was followed by a profuse flow of pus and the escape of a mass of partially decomposed lumbricoid worms. The patient made a good recovery.

CASE 3.—In June of the present year Mrs. W., aged sixty-two, came to my office complaining of paroxysms of severe pain, lasting for several hours, at intervals of from one to six days. These attacks were always preceded and accompanied by rigors and fever, and usually by nausea and vomiting.

She had been treated by numerous physicians for "fever and ague," and, as she claimed, had taken "barrels of medicine" without any relief, and had arrived at the conclusion that her trouble

was not from fever and ague, but from something else. Patient was weak, anaemic, considerably jaundiced, urine of low gravity, of the color of porter, and depositing heavy brick-dust sediment. Bowels constipated, stools clay-colored. Liver somewhat enlarged and tender; its exact condition could hardly be made out, owing to a cicatrix over right lobe, occasioned by a hepatic abscess when sixteen years of age, for which she was treated by a surgeon in England, her native home. According to her account, the surgeon who thus attended her (forty-six years ago) had urged the necessity of opening the abscess with a lance, but permission not being granted him, it was allowed to open voluntarily, being aided at the last moment by the patient herself, through the instrumentality of a needle, when a gallon of pus and a quantity of calculi escaped, much to the patient's relief. With the exception of occasional colicky pains, similar to her present trouble, she has enjoyed good health ever since.

On the day following her visit to my office I was called to visit my patient at her home. I found her in excruciating pain, covered with a cold, clammy sweat, much nausea, etc.; in short, the diagnosis of hepatic colic was easily made, and a full dose of morphia sulph. hypodermically was administered, together with moist heat externally, which after a little relieved her suffering. Various plans of treatment were tried in the intervals of these attacks, which were of frequent occurrence, but little or no benefit was derived, except from the tonics indicated by her enfeebled condition.

On Oct. 15th my patient was taken with an unusually severe chill, followed by hectic fever and severe pain in epigastrium, which was partially relieved by full anodynes. From now on her condition grew rapidly worse, and when seen on the 18th the skin was deeply jaundiced, with great pruritus, sclerotic yellow, liver much enlarged, extending four inches below the ribs, and quite sensitive to the touch. Upon consultation with my friend, Dr. E. R. Willard, of this city, my diagnosis of hepatic abscess, from obstruction by calculi or other causes "to the jury unknown," was confirmed, and we decided to put the patient upon liberal doses of muricate ammonia, arsenious acid, and quinine, with beef tea, egg-nog, etc., ad libitum. On the 24th the constitutional effects of the arsenic were manifested in the swollen eyelids, and this remedy was omitted. On the 25th, the case was complicated by purpura hemorrhagica, which first made its appearance upon the forehead, extending thence over the face, upper extremities, body and limbs,

until, on the 27th, the whole person was covered by the effusion.

Fearing hemorrhage from the mucous membranes, I ordered full doses fl. ext. ergot and aromatic, sulphuric acid, which checked the hemorrhage, and at the end of a week all traces of it had disappeared. Her general symptoms, meanwhile, offered little encouragement. The chills were more frequent, pulse frequent and weak, slight delirium and great depression of spirits indicated septic poisoning, and rendered the prognosis very bad.

On the morning of the 20th patient said she felt something "give way" in her side, and soon after she expectorated a quantity of offensive, green, very bitter matter, after which she expressed herself as feeling much better. She continued to expectorate this matter for several days, its green color gradually changing to a "creamy." Her appetite now returned, and in ten days, with generous diet, iron and quinine, she was able to be up. On the 15th of November she had another chill and a renewal of the pain and tenderness over the liver, suffering severely, until on the 18th she vomited a quantity of matter similar to that she had before expectorated, and with the same relief to all bad symptoms. In a few days she was again up and has continued to improve, until now she says she feels better than for years.

The causes of hepatic abscess have not as yet been determined with certainty; indeed, Flint goes so far as to say, in his "Practice," that they may be considered spontaneous in a majority of cases. Notwithstanding the great learning of this author, I am not prepared to adopt this view, but prefer to cling to the time-honored axiom that there is "no effect without a cause," and were the exact pathological conditions of hepatic abscess well understood, I think they, as well as all other local inflammations, would be found to have an adequate cause. In the foregoing cases the exciting cause was evidently of a different nature in each. Case one, occurring in an habitual drunkard, the liver may reasonably be supposed to have been in the diseased condition usually found in such persons; and the exposure to a drenching rain during the night following an unusually hot day in July would comprise the conditions we should naturally expect to produce an acute inflammation, and the liver being the weakest portion of the economy, upon that organ the disease expended its force.

Case two was evidently one of those supposedly rare cases in which a number of *ascaris lumbricoides* had migrated from the intestines into the hepatic ducts, and by the irritation caused by

their presence in this organ produced a traumatic inflammation.

Case three may also be considered as of traumatic origin. Although no calculi were seen, the evidences of their presence were unmistakable, in the attacks of hepatic colic that were of such frequent occurrence before the formation of the abscess, and in the jaundice, which is not, I believe, a usual accompaniment of this disease.

The fact of there having been a previous abscess of like nature, in which the calculi were seen, will go far toward establishing the diathesis, and their not being detected in this instance was probably due to the proper means not being employed.

Undoubtedly the functions and pathological conditions of the liver are less understood than of any other organ of the body, with perhaps the exception of the brain, and for this reason it has so long been used by charlatans as a scapegoat upon which to pack their wares, and the still more weighty loads of their ignorance.

Probably two-thirds of the chronic cases that come to our offices, if allowed to tell their stories, will tell you how Doctor so-and-so said they had "liver trouble." Possibly Doctor so-and-so may be right, but "trouble" is a very indefinite designation upon which to base an intelligent plan of treatment. I, for one, am glad to see some of the old superstitions in medicine being done away with, and among them that of the rarity of hepatic abscess in temperate climates. The extremes of temperature, sanitary condition and modes of life, in our middle temperate zones, are just such as we should *a priori* expect to produce acute inflammations of the liver as well as of other organs, and the thanks of the profession are certainly due Prof. Hammond for his labors in the direction of a rational mode of treatment thereof.

#### INVERSION OF THE HUMAN BLADDER.

BY REUBEN A. VANCE, M.D.,  
Of Gallipolis, Ohio.

My attention was first called to the following case by the father of the patient, who called on me for advice, in November, 1877. His account was so obscure that I did not suspect the nature of the case, and declined to prescribe until I could see the patient. On Dec. 7th he returned, with his wife and the infant. When the genital organs of the latter were exposed, a small, purplish-brown tumor, the size of a small hen's egg, was revealed, which, on closer examination, was found to spring from the upper and inner margin of the

vulva, and seemed to originate from the external orifice of the urethra. Externally, the tumor was pear-shaped, and when compressed between the fingers was elastic and resistant. It could be elevated without difficulty, thus exposing the lower part of the ostium vaginae, and when lifted away from the body in this way, its pyriform shape was exceedingly well marked. On using a probe to determine the relation of the tumor to the urethra, the orifice of the latter was found to encircle the neck of the former. That is, the probe revealed no attachment between the neck of the growth and the walls of the urethra, for a distance of nearly two inches. The probe, while free to enter thus far above, below, or on either side of the tumor, could not be made to pass further into the bladder. At this point in my examination the child cried violently, and at each gasp the tension and prominence of the tumor could be felt to increase.

Desisting temporarily from my exploration, I noted the following points in the history of the case. The girl was then (Dec., 1877) in her twenty-second month, and had suffered from dribbling of urine since she was a year old. The constant flow of this excretion caused excoriation of the lower part of her body and the inner aspect of her thighs, and necessitated frequent change of napkins. Shortly after this symptom developed, the mother said she observed something filling up and projecting from the water-passage. Watching the parts daily, she soon convinced herself that the baby's incontinence of urine arose from something growing out of the urethra, and she consulted several physicians as to the nature of the growth. From the latter she learned that polypi grew from such places, and it was with the view of having the polypus removed that her husband originally came to consult me. The mother also stated that she had passed a wire (a smooth knitting needle) into the urethra when exploring the parts; that it invariably made the baby cry, and crying caused the tumor to enlarge and protrude. In October, 1877, she saw that a small part of the growth projected, even when the child was quiet; and shortly afterward, when endeavoring to trace the extent of the growth, the child became excited, screamed violently, and bore down with so much force that the tumor suddenly enlarged to the present bulk. At times it suddenly diminished to the size of an acorn, but it never resumed its former small dimensions, and never receded within the urethral canal.

While the mother was detailing these facts, the child gradually ceased sobbing and crying—it

had screamed incessantly from the moment the parents first started to expose the diseased part—and this, too, while I continued to manipulate the growth and adjacent structures. As the child grew quiet, the tension and prominence of the tumor seemed much less than before, and this change in the characters revealed to the sense of touch was accompanied by a decided alteration in color. From a purplish-brown hue, the growth changed to a yellow tint. Also, an indistinct feeling of fluctuation attracted my attention to the part, and as I renewed my examination, the child again commenced to scream and cry. The tumor at once grew tense and hard, and became of a deep purple color. Whatever trace of fluctuation there might have been before disappeared with the first forced expiration. Quite a quantity of fluid bedewed the parts, but as I had no other thought than that it came from the meatus urinarius, I neglected to search for any other origin. Requesting the mother—who was supporting the child in a semi-erect posture before me—to quiet her babe, I explained to the parents my idea of the case: That the tumor was a polypus developed from the mucous membrane of the urinary passages at some point near the junction of the urethra and bladder; that it was the development of the former which caused the incontinence of urine, and that the incontinence now present depended upon relaxation of the urethra and contraction of the bladder. Contraction of the vesical walls accounted for the fact that the probe passed but two inches, or such matter, from the meatus—a condition which I explained by the dependent position of the tumor—and the fact that it rendered the urethral canal patent, thus permitting the urine to escape as soon as carried into the bladder. I advised the parents to have the child operated upon, and I explained the procedures necessary to pass a ligature around the neck of the growth, near its origin.

In order to determine the attachment of the tumor, I had the parents support the child while I examined the parts through the rectal walls. Passing my right forefinger to its full length into the rectum, I carried its pulp as near the junction of the bladder and urethra as I could—a method of examination peculiarly available in infants. Inserting a small female catheter as far as possible along the urethra, I placed a finger on the base of the tumor, and at the same time carried the point of the finger in the rectum toward the supra-pubic region. Despite the fact that the child was screaming its loudest, and struggling with all its might, the tumor, ordi-

narily tense and resistant under such circumstances, became suddenly so soft and yielding that I directed the father to so move the child's hips that I could see the growth. To my great surprise I found that my finger had indented the tumor, as it would a soft rubber ball. Releasing the catheter I grasped the growth with my left hand, and as I compressed it, it slowly collapsed and began to recede within the urethra, and as it disappeared externally, my finger in the rectum could feel an increase in the bulk of the structures in the vesical region. At this time the child's hips were elevated above its trunk; directing its father to lower still more its head and shoulders, I elevated its hips as I compressed the slowly diminishing growth. Finally, as the last of the tumor entered the meatus, I followed it with a catheter, and found no difficulty in entering the latter between three and four inches. While the child was kept in position, with its shoulders depressed and hips elevated, I made a careful inspection of the urethra, and found the canal greatly enlarged—enlarged to such an extent that I readily inserted the first phalanx of my little finger into its orifice—and its tissues so relaxed that they scarcely contracted on my finger. Yet the tumor had disappeared, and no trace of it was to be found. With the child before me, I re-examined the parts, and carefully reviewed every point in the case.

My first idea, that the tumor was a polypoid growth from near the junction of the urethral and vesical cavities, was no longer reconcilable with the facts. Despite its seeming impossibility, the only tenable surmise was that the bladder had been turned inside out. The impossibility of inserting a catheter while the tumor protruded, together with the absence of evidences of vesical distention, or even of the presence of that organ in its proper position, and the continual dribbling of urine, contrasted with the ease with which a catheter could be inserted when the tumor was reduced, the immediate development of such tactile phenomena as denoted the return of the bladder to its position, the complete disappearance of the tumor, and the sudden cessation of urinary dribbling, were arguments that could be answered in no other way than by supposing the bladder to have been inverted. I at once explained my change of opinion to the parents, and inquired as to their knowledge of any previous reduction of the protrusion. The mother was certain that it had not receded within the meatus since October. When I inquired about the child straining in defecation, etc., they informed me that nothing was thought of the first

development of urinary incontinence, for the child was suffering from whooping cough, and coughed with great violence. I imagine the parents were surprised at my sudden change of opinion, but when they learned that no operation would be necessary, they were not disposed to be critical. The child has had no return of its trouble, and in July, 1878, was perfectly well. An account of this case appeared in the *American Journal of the Medical Sciences*, for October, 1878.

Prior to the day the above case came into my hands I had never heard of inversion of the bladder. In searching for some record of similar cases I found, in the *American Journal of the Medical Sciences*, a brief notice of the fact that Mr. John Croft, F.R.C.S., had published an account of certain "Cases of Inversion of the Bladder," in the 2d volume of the *St. Thomas' Hospital Reports*, and upon communicating with that gentleman, he very kindly sent me a copy of his paper, from which I have abstracted an account, not only of his own case, but of the three other examples of vesical inversion which he had collected. The following is Mr. Croft's account of his own case:—

"On going to my out-patient room at St. Thomas,' on May 20th, 1870, I was hurried to see an infant in a sad plight. I was informed that a tumor from the vagina had burst, and was bleeding. The little sufferer, who was only fourteen months old, was crying and struggling. On examination I found a red, vascular, pear-shaped projection between the labia, about the size of an ordinary walnut. The mother stated that this had been down for four hours. It became evident, on careful scrutiny and handling, that this was not of the nature of a polypus, or solid tumor, but the surface seemed to be formed by a mucous membrane, probably that of the bladder. It was tense with fluid. On turning this tumor from side to side and about, the vaginal orifice and hymen were distinguished posteriorly, but the lateral attachments were difficult to uncover. I was in the act of inserting a little finger through the anus, when a violent struggle was made, and the tumor burst, upon its prominent front aspect, at a tiny spot, and a fountain of clear, straw-colored serum played for a few seconds, and then the tumor partly collapsed. A very small clot of blood formed at the seat of rupture. The mucous character of the surface was now apparent. I did not see the orifices of the ureters, but I should say that I did not pull down the sac for the purpose of exposing them. While trying further to examine the case, the collapsed sac partly refilled, and the crying and struggling of the infant

caused more of the fluid to be ejected, and more than once. Mr. Stewart, the curator of the Museum, was present at this time, and took some of the fluid to test and examine microscopically. Meanwhile chloroform was administered. Under the influence of this, defecation and violent straining occurred. In order to prevent mischief from these efforts, I kept my thumb and finger pressed against the now collapsing sac, and found it gradually reducing in volume and receding; as insensibility became complete, the little finger easily returned the remainder of the tumor through the meatus urinarius and urethra. I did not pass the finger through this passage, as I might have done, to explore, but inserted a director, which moved freely, as though in a bladder. I felt no doubt, from that time, the case was one of bladder turned inside out, through the meatus. To my inquiries the mother stated that the tumor had been down for four hours, and that it had been noticed more than once before. Three days back it had been down for half an hour, and went up during sleep. She had observed a difficulty in urination, and dribbling, during about two months. The mother said the infant's bowels had been habitually costive. After reduction the case was admitted into the hospital to be watched, on the supposition that during the state of inversion the bladder had ruptured, and that mischief might radiate from the seat of lesion. Mr. Stewart's examination of the fluid tended to support me in the opinion that the bladder had ruptured. He informed me that when he had evaporated some of the fluid on a glass slide to within a little of dryness, it turned yellowish (like a serous fluid), but there was not any crystalline appearance; that on the addition of nitric acid no change took place, and there was not any indication of uric acid; that when this had been a little further evaporated, ammonia was added, but no change was observed, no color developed—there was no sign of muroxide. After admission no bad symptoms ensued. The urine flowed away so freely that it was not even necessary to keep a catheter in the bladder. On the third day, as the child seemed pretty well, the mother was allowed to take her out. The water continued to dribble away, and to be expelled on coughing, etc., for a few days, but soon almost complete control was regained over the urethra and meatus. In July, 1871, the mother reported that there had not been any relapse of the inversion, but that occasionally dribbling occurred, and sometimes, during coughing or sneezing, a gush of urine took place."

(To be Continued.)

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL. SURGICAL CLINIC OF DR. JOHN H. BRINTON.

REPORTED BY DR. W. M. ANGNEY.

#### Secondary Syphilis.

GENTLEMEN:—I propose this morning, to direct your attention briefly to a group of cases which excellently illustrate the onset or development of Secondary Syphilis. Let me premise, by reminding you that syphilis is usually divided into three grades or forms—primary, secondary, and tertiary. By *primary* syphilis, we mean the infecting chancre, and the inflammation and induration of the lymphatic vessels, and the nearest group of lymphatic glands; thus, if the chancre be upon the genital organs, the inguinal enlargements, or *bubo*, would form part of the primary symptoms. Under the term *secondary* syphilis, we include the fever which precedes the attack of the eruption, known as syphilitic fever; and the affection of the skin and mucous membranes and their appendages, and also certain lesions of the eye and of the testicles. In *tertiary* syphilis the fibrous and hard tissues are attacked, as the bones, joints, cartilages, and also the viscera and nervous system. Deep ulcerations of the tegumentary system are usually embraced in this classification. The dividing line between the secondary and tertiary forms of the disease is, however, a somewhat arbitrary one, groups of symptoms being constantly observed, as I shall show you presently, which with propriety may be referred to either.

With these remarks, let us turn to the examination of our cases. Here is a girl, M. S., about twenty years of age, who gives us the following history: Some three months ago she contracted a chancre on the vulva, which was not treated; this was followed by enlargement of the inguinal glands, without suppuration. These indurations, or kernels, as she calls them, gradually lessened in size, and ceased to attract her attention. She then thought herself well, until within a week or two, when the eruption which I now show you made its appearance, and for this she seeks the shelter of the hospital.

The eruption which she has is the *roseloa* of syphilis, and when I examine her carefully, I find I can develop other symptoms which you will do well to note. The *roseloa* you see. She has in addition post-cervical adenitis and alopecia, and she has had syphilitic fever. We will now go back a little in the history of her case, and trace the march of the syphilitic invasion. First of all, we had the chancre—the infecting, or indurated, or Hunterian chancre—with its accompanying induration of the lymphatic vessels and inguinal glands. Then followed a period of repose, and this has often been spoken of as the period of secondary incubation; the interval between the primary development and the outbreak of the secondary, or constitutional form of the disease.

In the case of this woman, the time of secondary incubation was about two months, and then followed the eruption, preceded, however, by the

stage of syphilitic fever. She tells me that before the spots came out she had creeps and chills, followed by headache and fever, and that she suffered from pains flying about her, in her shoulders, and back, and loins, and in her extremities, and that the pains were so bad she could not sleep. These conditions indicate the existence of this syphilitic irritation or fever. It is easily recognizable, and with a little practice you can note as you pass through the wards, those patients who are its subjects. The wan, uneasy, sallow, dejected, and feverish appearances, are almost pathognomonic. The pains which accompany syphilitic fever are usually shifting, and paroxysmal, sometimes aggravated at night—nocturnal pains as they are called. Generally there is no local lesion sufficient to account for them; occasionally, however, there is. Here, for instance, is another girl, aged 21, who had a chancre two months ago, and has had a roseola upon her body and extremities for two weeks, accompanied by falling out of her hair. On her face the eruption is papular, with here and there shining vesicles. She is just emerging from a severe attack of syphilitic fever, and a very prominent feature in her case has been the presence of the osteoscopic pains, especially in her right arm, just above the elbow. You notice, as I raise the limb, the swelling of the part. When I feel it, it is very hard and exquisitely painful. At first sight, you might be deceived and suspect an injury. Yet there is here only one evidence, or outward visible sign of syphilitic fever, and she tells me that this is now decreasing and becoming more bearable. These inflammatory effusions occurring in syphilitic fever, although occasionally met with, are still not very common. You will therefore do well to bear in mind their possible presence. They will ordinarily disappear under local antiphlogistic measures, combined with the proper constitutional treatment.

In both of these women I find an enlargement of the glands upon the back of the neck. In nearly all cases of constitutional syphilis there is at the outbreak a tendency to what is known as indolent engorgement of the lymphatic glands. That is, the glands generally in the body show this tendency to engorgement. You must not confound this state of affairs with the induration present in those glands in continuous anatomical relation with the primary sore, as the inguinal glands, when chancre of the penis or vulva exists. This indolent engorgement, or constitutional bubo, affects glands at a distance, and especially those of the back of the neck. I can very well recollect the importance Ricord used to attach, in his lectures, to this enlargement, and how, to use his own expression, post-cervical engorgement was a "most precious sign of constitutional involvement." The glands usually involved are those just on the side of the nucha below the occiput, those behind the posterior edge of the sterno-cleido mastoid, and the little gland just over the mastoid process. The first mentioned are, I think, most commonly implicated. When affected they vary in size, from a pea to an almond. In one of these women, on one side the gland is small, although hard; on the other side it is nearly as large as an almond. On the neck of the second girl, both sides are

equally, although moderately, enlarged. In the normal condition you cannot usually detect these glands, hence any induration or enlargement is readily observed in disease, and becomes, as you may imagine, a useful point in diagnosis. The epitrochlear gland, just above the internal condyle of the humerus, is also not infrequently enlarged.

Another secondary manifestation, and an early one, is falling out of the hair—alopecia. Here are two women in whom this condition is present. Each one has alopecia, each one a different form. The general account of this symptom, as they give it, is the same, namely, that in brushing their hair, and in washing, it comes out in greater or less quantities. Observe, if you please, the difference. These patients are both suffering from general alopecia, involving the whole of the scalp; the hair comes out all over the scalp; but it will grow again, after a time. In the first of these girls, the most recent case, the hair, on inspection, has not greatly altered in appearance; it still retains its glossy, shining character, is pliable, and not brittle. Now see; I take a few hairs by their extreme ends, and pull gently; they all come out by the roots; you can see the bulbs. I now take, in the same manner, some of the hairs of the second girl, and in like manner pull on them gently. Some few of them come out, but most of them break. To pull them out I must catch them lower down in their length. These hairs have lost their strength; they are brittle, and break readily; and so will those of the first woman, in all probability, after a while. In both of these patients the whole scalp is equally affected; the condition is general alopecia. The hair will fall, but will again spring up, because the hair follicles and the papillæ have not been destroyed.

Next, turn your attention, for a moment, to the head of this third woman; she has had a long and very severe attack of syphilis, which has reached the tertiary form, although she is now convalescent. Some time since deep ulcers formed here and there on the scalp; these have closed up, cicatrized, and you can see the bald spots scattered over the scalp. This is local alopecia; these bald spots will remain bald as long as she lives; the hair follicles and the papillæ have been destroyed. In the first two cases of general alopecia the cause of the hair fall has been the syphilitic dyscrasia, impairing or lowering the vitality of the blood. The same thing occurs in typhoid fever, in neuralgia, and possibly in malaria. An increased formation of the sebaceous matter will also produce, it is stated, the same result. But remember, that as long as the hair follicles remain, as in general alopecia, you may hope for regeneration and growth of the hair, to a greater or less extent. But when the loss of the hair is dependent on ulceration destructive of the hair follicles, the loss is irreparable. Occasionally the eyebrows and eyelashes are lost. I may here, in this connection, say a word as to the local treatment of general alopecia. It consists in keeping the scalp clean, by washing occasionally with tepid water containing a little borax, or a weak solution of ammonia; gentle brushing, and the avoidance of fine combs. As a stimulant application, to be

used at night, the following combination will be found useful:—

R.	Glycerin,	f. 3 j.
	Tincturæ cantharidis,	f. 2 ij.
	Cologne water,	f. 3 v.

or the tincture of capsicum may be substituted for the cantharides. A favorite ointment, which has long been used for this purpose, is known as the pomade of Dupuytren. This contains a tincture of cantharides and acetate of lead, and is a well-known formula of the druggist's shop.

In the next place, let me direct your attention to the examples of the early eruptions of syphilis, presented in kaleidoscopic view, as it were, by the patients before you. If you turn to your books, you will find the syphilitic eruptions classified with great skill, and the dividing lines drawn with wonderful precision. In practice this is not altogether so, for you will find the varying types present in the same individual. Hence it is well for you to fix in mind the general characteristics of the eruption of syphilis. Indeed, one of the peculiarities of the eruption is its manifold character. See, here is a patient with a roseola on the trunk, and a scaly eruption on the lower extremities. Here is another, with a roseola on the body, and a papular eruption on the face. Here is a woman with papular and eczematous spots. Here is another with mucous patches, and ecthymatosus sores; and I might bring many more such before you, but these are enough for my purpose at present.

Let us examine these eruptions more minutely. The first thing that strikes you is the color. I hardly know how to define the color, for it is so changeable. In this girl, upon whom the roseola has just made its appearance, indeed, only three or four days ago, the spots are scattered on both arms, and are of a faint and very delicate pink. When I press upon them the color disappears, but immediately returns as I raise my finger. Notice how distinct these spots are; occasionally they touch and run together, but even when they do, the peripheral margins preserve their curves. The delicate color may perhaps be due to the fine texture of the skin, which in the unaffected parts is white and delicate. Sometimes spots such as these are evanescent. I have a woman in my wards, L. H., aged nineteen, with well marked engorgement of the post-cervical glands and a roseola upon the arms and legs. There is none upon the face, but it can be produced by washing with cold water, and by friction with a towel. It then gradually fades away. The term "copper color" is often applied to syphilitic eruptions, and with a certain amount of truth. You see this hue in two or three of the patients; notably in this man. Possibly this copper shade is more often met with in patients who have dark skins, in whom the eruption has been present for a prolonged period. Whether you like the term or not, fix the color in your mind—a reddish brown, or brownish red, with a strong tinge of yellow; the yellow often fading away into the natural color of the skin. In some of the patients the color is hardly coppery at all, or if it is, it is a very reddish copper. This is the shade which has often been spoken of as the color of raw ham. Here you see it in

a comparatively early eruption, and here in the smooth scar of a healed rupia upon the leg. Varying as all these colors do, I think you will be able to form some idea of them, which I cannot give you in words.

One peculiarity of these syphilitic eruptions I will ask you to note, and that is, that there is seldom any itching. None of these patients have suffered in this respect, and I have often examined individuals who scarcely knew of the existence of these eruptions. I remember one gentleman especially, whose back was spotted with a roseola from his shoulders to his hips, the result, as he afterward told me, of a trip down the Danube; and yet he was sublimely ignorant of its acquisition. You will, I am sure, be struck, in looking at the group of patients before you, at the localities of these syphilitic eruptions. Most of them are situated upon the back, upon the front of the chest and belly, upon the legs and arms. The face, the hands, and the feet, are less favored sites; and well it is so. I have seen patients covered with roseola from the neck to the instep, not a clean spot below the shirt collar upon which you could lay a silver dollar; and yet they were walking about, attending to their daily avocations, and no one the wiser. As a rule, the face and hands escape; but this is not always so. Here is a young man with a roseola a week old, and you see the front of his face is unmistakably marked.

As to the period at which roseola makes its appearance, there is a good deal of variation. Generally it is developed about two months after the primary symptoms; as a rule, the earlier its appearance the sooner it fades away. A late roseola is apt to last. As a roseola disappears we often have desquamation of the cuticle, as you see in this case. The scales are then white, and fine, and are easily separated. There is one peculiarity in regard to syphilitic roseola you must bear in mind, and that is, that although it will yield readily to mercurial treatment, and fade away, it is apt to return. This may occur if the treatment be stopped too soon, or if the patient be imprudent in habits, or be much exposed. A return to the treatment will usually cause it again to disappear.

Another of the early syphilitic eruptions presents itself in the form of papules. I have here three well-marked instances. In two of them the papules have developed on the face, in one on the face and neck. In the men's ward there are several similar cases. In the two first women the papular eruption was coexistent with roseola on other portions of the body. I will ask you to notice the characteristics of these papules. In this case they are small, conical projections scattered over the face, especially numerous near the alæ of the nose. As I turn the patient to the light I can distinguish on the tops of some of these papules little shining bodies; these are vesicles filled with serum. On other papules the vesicles have burst, and have left fine glistening scales, which are easily detached. It is somewhat difficult to obtain a true history in this instance, but from what I can learn, this eruption has been an early symptom of the general infection. Here iritis also is present, an affection of which I shall have occasion to say something to

you hereafter. In this other woman the papules are broader and flatter, appear, in fact, more solid, and are not tipped by vesicles. The papular form of secondary syphilitic eruption is, as a rule, chronic. It yields slowly to treatment, and is apt to recur. It soon loses its florid red or pink color, and assumes the darker hue of which I have spoken; this, in its turn, gradually fading away. Occasionally, when chronic, papules are accompanied by itching.

**Mucous Patches.**—Another of the early evidences of secondary syphilis is the mucous patch. This is found usually, as its name imports, upon the mucous surfaces of the body, near their outlets, in the mouth, around the anus and vulva, and within the vagina. But the patch is also found on the skin proper at those points where folds of skin rub together, as between the buttocks, low down in the folds of the groin. I have seen them often between the toes, and below the breast, in the female. When the patch occurs on the skin near the mucous outlets it is usually rounded or curved, and elevated above the level of the integument. The surface of the patch is rough, reddish, or grayish-red in color, and often covered with an exceedingly foul and fetid secretion, which is said, and I believe justly so, to be contagious. Sometimes this singular growth is developed on the site of a chancre.

A favorite seat of the patch is the mucous membranes of the mouth and lips. Here is just such an instance, occurring in a man who had primary symptoms about two months ago. I will ask him to put out his tongue, and as he does so, you notice the long, oval patch upon the side of the tongue. It is grayish-white in color, not reddish, is slightly elevated above the surrounding surface. It is annoying by its presence, rather than by any positive attendant pain. I will direct him to evert the upper lip, and you now perceive a long, flattened, shining surface, of a pale pink; this also is a mucous patch, and I wish you to observe these two syphilitic manifestations very carefully. You may not infrequently see just such patches as these in your practice, and you must know how to regard them. Remember, above all things, that they are infectious, and see to it that no spread of the disease occurs to third parties, by means of kisses, the use of the same towels, linen, drinking glasses, or other objects and utensils.

The mucous patch, as I have said, is one of the early secondary symptoms; its average period of appearance being about seven or eight weeks after the primary infection. Its development is favored by personal uncleanliness, and in a hospital with such inmates as ours numerous examples of this lesion are always to be found, and I shall have occasion hereafter to bring before you illustrations of condylomata which are only aggregations of mucous elevated patches in the genital and anal regions. In leaving the subject, let me say a word or two in regard to the treatment of mucous patches; of course, first of all, there must be the general constitutional treatment proper to the secondary syphilitic development. In the next place, local treatment must be employed; the surfaces of the sores or vegetations should be destroyed by caustic; the nitric acid I usually prefer. Perfect

cleanliness should then be enforced; the parts should be washed night and morning, or oftener, with permanganate of potash, or chlorinated soda solutions, and afterward they should be dusted with calomel and starch, in equal proportions. The attrition of opposite surfaces should be prevented by the insertion of a dry cloth. This is the treatment recommended by Dr. Bumstead, of New York, and I have usually found it to be efficacious.

I have thus, gentlemen, brought before you this morning a few cases illustrative of the onset of syphilis. I have presented the patients as they came to my hand, and from them I think you may derive an idea of the Protean forms of this terrible disease. At the same time you will, I am sure, have seen that, differing, as the individual cases may do, there is still a general law of development. There is, in fact, a march to the disease, beginning with the infecting chancre, accompanied by induration of the lymphatics and of the nearest lymphatic glands. These constitute primary syphilis. Then comes the secondary period of incubation, then the syphilitic fever, then the post-cervical adenitis. These manifestations are the skirmishers which precede the advance and deployment into line of battle of that fearful array, the secondary developments of constitutional syphilis. \* \* \* \*

## MEDICAL SOCIETIES.

### COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the regular meeting, December 8th, 1878, Dr. William V. Keating read an article on

#### An Endemic of Typhoid Fever, from Defective Drainage.

The history was of a family in Spruce street, Philadelphia, four of whom were attacked by typhoid fever in rapid succession, two of the cases ending fatally. A competent plumber, who was called in to examine the plumbing, reported as follows:—

"I made the examination and found there was no main trap in the drain pipe. There was a three-inch galvanized sheet-iron corrugated pipe leading from the French roof, between the outer front wall and the studding, and exposed in the cellar and connected with the terra-cotta drain near the cellar floor, every slip joint of which was pouring out its deadly contents of sewer gas, to be taken up by the large portable heater which was supplied with cold air from the cellar and distributed through the main building. I also found the waste pipe from the second and third story wash-basins trapped in the cellar, and smelling at the connection with the terra-cotta drain pipe near the floor. Here were two stories of waste pipe (with no traps under the basins) to help to vitiate the air of their respective apartments. I also found a four-inch rain conductor run down on the outside of the back building, near the main building, all joints of which poured out their quota of sewer gas to be carried into the house through

the open windows, in pleasant weather. You could not stand at any of the open windows in the rear portion of the house without being sensible of the presence of sewer gas in the surrounding atmosphere, caused by the exhalation of foul vapor from the rain conductors of the surrounding properties. After digging up the front of the cellar to put in a main trap, my workmen found the terra-cotta pipe jointed with common lime mortar."

In discussing the general bearings of this case, Dr. Keating remarked—

It is not my intention, and it would be a work of supererogation on the present occasion, to go into an elaborate discussion of the etiology of typhoid fever. You are aware that there are two prevalent theories. One teaches the spontaneous, autochthonous, or *de novo* origin of the disease from a specific poison, which, after its passage through an individual, and further decomposition, can be a source of contagion; according to this view, the substances to be decomposed must be animal, consequently fecal, masses, and above all, human excrement. This is the view advocated by Murchison. The other theory, claimed by Budd, generally adopted by the German school, and of which Liebermeister, in Ziemssen's Cyclopaedia, is the able exponent, denies the spontaneous or *de novo* origin of the disease, and believes in the propagation of the so-called specific germ, from the parent germ. It would be useless to restate the facts and observations which support one or other of these views, and while the voluminous records of investigation have not solved the question of etiology as a scientific problem, still, for practical purposes, we are fully able to stamp typhoid fever as an epidemic. The prevalent belief of this day is that each zymotic disease is dependent upon a specific poison or germ, so-called because it will, when introduced into the proper human soil, produce only the phenomena of the disease from which it originates. Thus, the scarlet fever germ will only produce scarlet fever, but the type or expression of the disease may depend upon the condition of the individual, and to some extent on the vitality of the poison.

It is generally admitted that the specific germ of typhoid fever reaches the system by means of the alimentary canal, and that its greatest activity is displayed when swallowed in drinking water or milk; hence its most frequent occurrence in the country, where cesspools connect with the drinking wells or dairy houses. Next in order it occurs where the air, and consequently all the ingesta, are saturated with the germs; to the latter class my paper has special reference. Again, where the germs come in contact with the open air, as from upturned, saturated soil, or banks of low, polluted rivers, under hot August days and cool nights, with extreme evaporation of the poison during the day and condensation at night.

The combinations found in sewer gas, where animal and vegetable decomposition have taken place, may, through some unknown cause, generate *de novo*, or spontaneously, this poison. The specific properties which give it the form of scarlatina, measles, typhoid fever, or diphtheria, may be associated together in the same cesspool

or sewer, and each one of these affections will then appear in that individual most susceptible to its peculiar influence. Again, the immunity of certain persons exposed may depend upon previous mild attacks, and it has been proved that during an epidemic of any of these diseases few escape some symptoms of poisoning, however slight; but even this abortive form may protect the individual. Hence, it may be said that while the type or succession and severity of the symptoms can be regulated by the individual and epidemic influence, the specific character of the poison, whether a germ or gas, or whatever we may call it, depends for its elaboration or fabrication upon heat, moisture, animal and vegetable decomposition, apart from atmospheric air. The name, then, of pythogenic fever, substituted by Murchison, does not hold good for typhoid fever, because it withdraws the specific character of the disease; it can only be efficient in septicemia or foul-air poisoning, with its variety of irregular symptoms, independent of specific origin.

Although Dr. Budd, I believe, maintains the contagiousness of typhoid fever, yet hospital experiences, from which we can derive the most satisfactory and conclusive evidence on the subject, give but little support to this view; and while it is of universal experience that hospital attendants are very liable to be attacked in nursing cases of typhus fever, it is also generally admitted, on the other hand, that medical attendants upon typhoid or enteric fever rarely contract the disease from the sick under their care. Thus, during twenty-three years, from 1848 to 1870, while 5988 cases of enteric fever were admitted into the London Fever Hospital, only 17 residents in the hospital contracted the disease, and most of these had no personal communication with the sick. Of the 17 cases, 9 occurred in nurses, and 12 of the 17 occurred subsequently to 1864, when various extensions of the hospital buildings led to a serious derangement of the drainage. But the most remarkable fact is what follows. Since 1861 it has been the practice in the same hospital to classify the patients, thus: The typhus, relapsing, and scarlatina patients have been kept in distinct wards, whereas the patients suffering from enteric fever have been kept in the same wards with many other patients sent to the hospital, but who have not been the subject of any form of contagious fever. The two classes have remained together both during the acute stages of their maladies and in their convalescence, and in most instances for several weeks. The same night chairs have been used by both classes, and the employment of disinfectants has been exceptional. Here is the result. During nine years 3555 patients with enteric fever have been treated along with 5144 patients not suffering from any specific fever. Not one of the latter has contracted enteric fever. In examining the statistics of St. Joseph's Hospital I find that while 272 cases have been treated there in ten years, in the same wards with other cases, the patients using the same night chairs, and the stools not being disinfected, there is not a single record of the disease having originated in the house.\* My friend Dr. Guiteras has ex-

\* See Murchison on Continued Fevers.



amined the records of the Philadelphia Hospital, and can only find that within the last ten years two attendants have been attacked with typhoid fever—one the resident physician, who may have contracted the disease outside, and a nurse, whose case was doubtful. All evidence, therefore, is, I think, in favor of the view that the fresh evacuations are harmless, and that the poison is developed during their putrefaction.

While admitting that enteric or typhoid fever can originate from the specific poison generated in decomposition of the evacuation, it seems to me that it must also be admitted that the disease may have a spontaneous or *de novo* origin. The individual experience of most of those here present, combined with the voluminous published records of the autochthonous origin of disease, in its sudden outbreaks in isolated places, and under circumstances where there has not previously existed any trace of its continuous origin, are sufficient proofs in themselves to justify the assumption that where typhoid fever breaks out in a private dwelling or hospital, without the previous introduction of a case of the same disease, there is something radically defective in the sanitary arrangements, and that either the air or water is polluted with decomposing excrement. Not to trespass upon your time, I will merely recall the celebrated Clapham school cases cited by Murchison, where twenty boys out of twenty-two were seized within three hours with fever, vomiting and purging, and excessive prostration, and the only cause which could be discovered originated from a choked-up drain, which had been opened, cleaned out, and its contents spread over the garden adjoining the boys' playground, two days before. The morbid appearance in the two fatal cases were those of typhoid fever. It may be objected in regard to these cases, as well as in regard to those reported by me to-night, that the course of the disease, especially in its incubation, was more rapid than that which usually characterizes typhoid fever, but this may be accounted for by the intensity of the poison.

In Miss F.'s case, as it had been a month since she left Reno, on the 29th of August, it was not probable that the period of incubation should have lasted until the 9th of October. I beg leave also to cite a more striking instance in our own country: I refer to the outbreak of typhoid fever at Bar Harbor, Mount Desert, in August, 1873, so accurately and graphically described by Dr. W. J. Morton in the Boston *Medical and Surgical Journal* for October, 1873. In the little town of Bar Harbor, on Frenchman's Bay, situated on a beautiful slope of the island of Mount Desert, in an atmosphere in which, from its purity and exhilaration, one experiences a joyousness of existence, and where all "save the spirit of man is divine," there broke out, at the Bay View House, during the month of August, 1873, an endemic of thirteen cases of typhoid fever, all caused from an overflowing cesspool, maintained within ten feet of the verandah of the hotel, in combination with the drain in the same field full of putrefying material collected from the kitchen garbage of the Harbor House. Dr. Morton exhibits a diagram of the cesspool, and its location as regards the hotel, and proves conclusively that, in a crowded house, a case of typhoid fever was associated

with every room except one, on the side of the house exposed to the drain emanations, ~~the side of the house~~, that the inmates of the room which, owing to its peculiar construction, formed a pocket in which ventilation was a remote possibility, were the most seriously affected. During my sojourn on the island, in the summer of 1874, I visited the site of this dreadful disaster, which nearly blighted the prospects of this beautiful spot as a place of summer resort. Upon careful inquiry from the most reliable lay sources, the town having always been so healthy as not to require any resident physician, I could not discover that, within the memory of any of its inhabitants or any of its constant visitors, a case of typhoid fever had ever existed there before the outbreak just described.

Among the innumerable records of similar instances, I have cited these cases as a proof of the spontaneous or *de novo* origin of typhoid fever, believing that any one incontestable proof of its autochthonous origin would be sufficient to give reason for the faith that is within me, of the occurrence of the spontaneous outbreak of the disease under a combination of the same circumstances.

Another point which it seems to me is often overlooked in the discussion of this subject, and which is of paramount importance in the prevention of the disease: We admit the theory of a living germ of specific poison, and forget that there is another factor in the case, of equal importance. I refer to the receptivity of the soil or blood into which this germ or poison is introduced. In a normal condition, we admit the autonomy of the individual, but pathologically all stress is laid upon the potency of the germ, and very little reference to the varying constitutions of the recipients. Yet, when we come to analyze the fact, admitting either of the above theories, both of which unite in the belief of a specific poison or germ, we have to admit that it is due to the susceptibility of the soil or blood, to select the specific germ from the variety collected in the emanations from decomposing organic matter, which can fructify and reproduce its characteristic phenomena. Whence this peculiar affinity of the soil or blood for the specific germ? We must all acknowledge that the varying virulence in smallpox or scarlet fever is not always due to the quantity or quality of the poison, but to the constitution or receptivity of the blood of the individual.

In the case of Miss F., there were no abdominal symptoms throughout the disease; not a symptom of any intestinal disturbance. The condition of the tongue, very red and flabby, pointed, throughout the whole case, more to a general blood disease than to the effect of a specific poison. Still, Miss F. had been subjected to the same influences as the others.

In the year 1850 I had occasion to visit a family in Race street, in which two of the children were attacked with measles, one with scarlet fever, and a fourth one with a hybrid of measles and scarlet fever combined, a phenomenon which the late Professor Meigs observed with me. All the inmates of the house were affected more or less, and one of the servants was attacked with typhoid fever. At the sug-

gestion of Professor Meigs, I examined the house carefully, and finally discovered that the cesspool of the neighboring house was leaking into the cellar of the back building. The children slept in the second story of the back building, the servant who had typhoid fever slept in a sort of out-house, but on the ground floor, in close proximity to the obnoxious exhalations from the infected cellar.

In 1863 I attended a family in East Delancy Place, where there prevailed, within two weeks, scarlet fever, measles, diphtheria, and a case of typhoid ambulatorius. An examination of the premises revealed in the cellar an old cesspool, covered up without having its contents removed. The cement or mortar had cracked, and foul exhalations were oozing out. I could cite one house in Thirteenth street, where the whole family of a gentleman who had changed his residence from the country, suffered within a month from attacks of measles, scarlet fever and diphtheria. Another, in Walnut street, above Twenty-first street, where, after the family had moved in, I was in attendance for two months for cases of scarlet fever, diphtheria and typhoid fever. In these last instances, upon examination, it was discovered that, though the houses were otherwise in a perfect sanitary condition, no trap had been placed at the exit of the terracotta drain in the cellar; a defect in drainage which I am afraid, even in the best and most expensively constructed houses in our city, is more common than most of us are aware. Even in the houses cited, there were inmates whose powers of resistance enabled them to throw off by the different emunctories the results of these poisonous agents. Another class become more or less gradually acclimated, others brokenly live on, themselves and their medical attendants ignoring the cause of their continued malaise, dragging out a miserable existence, subjected to the same influence as their more weakly constituted brethren in whom a violent explosion of the disease may have produced a fatal result. How many cases of so-called abortive typhoid fever we have all of us seen, in which the general symptoms almost with certainty pointed to the character of the disease, but in which the absence of the more pathognomonic signs made us hesitate about our diagnosis. In all these cases the essential cause is the poisoning by emanations from decomposing organic matter, in which originates, according to the modern theory, the germs of the various types of diseases.

There is then an affinity and selection on the part of the soil for the specific germ. One soil receives and fructifies the scarlatina germ; another, under the same circumstances, the typhoid fever germ; a third, the diphtheria germ; but will any one attribute this to mere accident? Can there be here, in accordance with our modern view of genesis, a specific ovum or cell in the blood of the individual which is vivified by its congener cell in the sewer gas? Account as we may for the development of the specific germ, there must be receptivity in the soil which receives, and it is perhaps destined for future experiments to determine what the peculiar element, either present or wanting, in the blood,

which endows it with this receptivity or susceptibility. Quinia, discovered not through any observation as regards the character of the malaria spore, arms us with Achillean shield in the presence of vegetable decomposition, and of its resultants as seen in the Protean forms of malaria. The same drug is becoming our mainstay in the treatment of the blood poisoning of septæmia. May I not suggest that, among the preventives, some combination of quinia with carbolic acid or other antiseptic agent, dissolved in an innocuous fluid, like milk, may yet be transfused into our circulation, and antagonize that specificity or receptivity which seems to be as essential a factor in the poisoning as the germ itself.

Dr. William G. Porter reported a case of rapid Post-Mortem Emphysema.

The subject, a man of fifty-eight, temperate and previously healthy, was seized with nausea, vomiting and intense epigastric pain, and died in a few days. The following then occurred:

At 8 o'clock in the morning the undertaker called on me and informed me that the body had swollen so enormously that he was afraid it would burst. About 9 A. M., accompanied by Dr. Morris Longstreth, I visited the house, and found that the body had swollen so much as to raise the lid of the ice-box several inches, although the corpse had been freely covered with ice. Permission was readily obtained to make a post-mortem examination, when, on removing the ice, the whole body was found to be intensely jaundiced and enormously swollen. The features were so much distended as to be unrecognizable, and the face was covered with clotted blood, which had been forced out from the bloated mouth and nostrils.

On making the usual post-mortem incision in the median line of the body, air, without appreciable odor, escaped from the cellular tissue; the tissues receded from the knife as if they had been stretched to the utmost; a large quantity of air, also without odor, escaped from the peritoneal cavity; and the over-distended bowels ballooned through the incision over the abdomen. The genitalia were enormously distended with air. There was no evidence of peritonitis.

The liver was of normal size and natural color, but exceedingly friable, permitting the finger to be easily thrust in all directions through its substance; on section with a clean knife, blood and globules of oil escaped. The gall bladder was full of normal bile; there were no gall stones, and there was no distention of the duct. The liver was emphysematous, and floated high on water. The spleen was of normal size, also emphysematous and friable, and presented the same appearances on section as the liver. The bowels were very considerably distended with air, and on being punctured previous to sewing up the body the gas which escaped was almost if not entirely inodorous. The kidneys were easily removed without the aid of the knife, leaving the capsules *in situ*; they were also emphysematous, and presented the same appearances on section as the liver. The stomach was also distended with air, and contained a considerable quantity of broken-down and disorganized blood. The heart

was empty, containing neither blood nor clots of any description; its tissue was softened, emphysematous, floating high on water, and presenting the same appearances on section as the liver.

On puncturing the distended lips, eyelids, and scrotum, large quantities of air, entirely inodorous, escaped, and the distended parts collapsed.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Remedies in Headache.

Dr. W. H. Day makes the following remarks on some remedies for headache (*British Medical Journal*):—

Croton-chloral has been recommended by Dr. Liebreich, of Berlin, as possessing a special action on the sensory branches of the fifth nerve. It is of most benefit in facial neuralgia, relieving pain and producing sleep. I have known it to prove very serviceable in some cases of nervous headache in which the disorder has chiefly occupied one temple, the occiput and neck, or one parietal bone; and in other cases not only to utterly fail, but to induce sickness and nausea, if they did not previously exist. I generally give ten grains for a dose, in plain water, though it has been recommended to dissolve the remedy in a few drops of glycerine and then add the required quantity of cinnamon water, which, to some extent, disguises the bitter, nauseous taste. On this account, it may be given in the form of a pill, beginning with two grains and increasing the dose according to the urgency of the symptoms.

Hydrate of chloral is a remedy which has become one of the most frequently chosen of therapeutic agents, from its hypnotic effects. In large doses it is narcotic, and in very large doses it is said to produce anaesthesia. In nervous and spasmodic diseases, as puerperal convulsions, trismus nascentium, and the sleeplessness of chorea, we all recognize its value. In headaches, whether of the nervous or vascular type, when the pain is wearing out the patient and sleep cannot be obtained, chloral is of undoubted value. Chloral is a remedy requiring extreme caution in its administration whenever headache has recurred so often as to exhaust the patient's nerve force. Where the pulse has become small and weak, through constitutional debility or failure of the heart's action, a full dose may be followed by syncope. Incautiously administered, it may reduce the frequency of the respiration and annihilate the pulse. It lessens blood-pressure by its action on the vaso-motor system, and also by depressing the heart's action; hence it requires caution in cases where the patient, although severely suffering, is exhausted. In some cases, after its administration, I have observed such profound sleep and quiet and shallow respiration

as to make me cautious in employing it where the circulation is feeble.

Chloral has a decided effect upon the vascular system, and if the pulse be firm or hard, the face flushed, or the excitement considerable, it relaxes the muscular walls of the arteries and reduces blood-pressure. It has been recommended not to employ a larger initial dose than ten grains; but I have never witnessed any effects of an overdose from twice the quantity. Very alarming symptoms have followed doses of forty and even thirty grains, so that its use requires caution, if the nerve power be much reduced.

Gelsemium is something useful in neuralgic headache and the neuralgia arising from decayed teeth. The powder and the tincture are the two forms for administration. The dose of the former is from one to two grains, and of the latter from ten to twenty minims. It is a powerful remedy, and, as many fatal cases are recorded from an overdose, its use requires caution. My experience of it is very limited, from having many more remedies at my command with which I am better acquainted. In one case I gave a grain of the powder in a pill every night, for sleeplessness caused by neuralgic headache, and it exercised a most beneficial effect.

Phosphorus is one of the most important agents we possess in nervous exhaustion, and its efficacy is undoubted when administered in an unoxidized state, capable of being readily assimilated. No remedy requires more care in prescribing than this; for, while in small doses it is a gentle stimulant and tonic, in large doses it depresses the heart's action, like chloral, and is not free from danger.

#### How to Give Electric Baths.

A correspondent of an English contemporary writes:—

There are several ways of making or giving the electric or galvanic bath. One is, having a wooden bath lined with copper, and having a crossbar of wood and copper for the patient to hold as he lies in the water. One of the cords from the battery is attached to either the bar or the copper part of the bath, which becomes the positive pole; the negative is placed in the water. The water should be from 85° to 95°. Another method, which is much easier of application, is used by me constantly. It is an ordinary long dressing-room bath, two parts filled with water, 90°, so that the patient

can lie down comfortably; the water is then charged by placing two plates of copper (size 12 by 6) into the water; the plates are attached to the cords from a Meyer and Meltzer continuous current battery. The plates must not be allowed to touch the person, for a sharp burning is at once felt, and they will almost jump out of the bath, from the sudden pain. I have seen a patient after twenty minutes in a bath of this kind look just like a boiled lobster, the skin being very red, and giving a tingling sensation for some little time. The diseases for which I am in the habit of using it chiefly are, plumbism, lead colic and dropped wrist, rheumatism (subacute and chronic), nervous debility, amenorrhœa, want of development of the uterine organs, infantile paralysis, paralysis agitans, progressive locomotor ataxy, and impotency; and, considering that nearly all these diseases are of a slow or chronic type, this kind of treatment has been most successful.

#### Poisoning from Sweet Spirits of Nitre.

This widely used remedy is unsafe in an overdose. The following case of poisoning is reported by Dr. T. W. Hill, in the *Lancet*:—

I was sent for on Thursday, September 26th, 1878, to see a male child, aged two years and eleven months, who had climbed up on a chair and taken from off the mantle-piece a stoppered bottle containing between three and four ounces of sweet spirits of nitre, and drank the contents, during the absence of the attendant. On my arrival, at 1 P.M., I found him in a complete state of collapse, cold, almost pulseless, insensible, both pupils fixed and widely dilated, breathing hardly perceptible. Before seeing him he had vomited freely, the contents of the stomach being undigested food (no blood), with a smell of spirit; the bowels had been well open. I had him placed in bed between warm blankets, and hot-water bottles applied to the feet and armpits. After an hour and a half the temperature of the body began to grow warmer, and at three o'clock seemed of a burning heat; slight perspiration apparent, pulse slightly improved; strong smell of spirit from the breath. At 6 the vomiting and purging recurred; at 10.30 the breathing became stertorous, and he died at half-past 11, just twelve hours after he had taken the fatal dose, no convulsions having occurred.

*Necropsy, three days and a half after death.*—Body measured thirty-six inches, well nourished. No external signs of injury. On opening the abdomen, a strong alcoholic odor was emitted. The stomach contained food, chiefly bread, in a state of semi-digestion; the mucous coat was highly inflamed and red near the pyloric end, on the anterior surface of the posterior border, and in one spot very much attenuated. The duodenal end of the small intestines red and inflamed and bile-stained; the remainder of intestines healthy. Kidneys slightly congested. The other organs healthy. On removing the skull-cap, I found the membranes of the brain highly congested, containing a large quantity of dark-colored blood. Brain soft, pulpy, and quite wet; vessels congested; no trace of fluid in the ventricles.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—A pamphlet of 16 pp., by C. G. & J. U. Lloyd, of Cincinnati, gives a very satisfactory account of the Berberidaceæ, their botanical description, commercial history, medical properties and pharmaceutical relations. Those interested in our indigenous medical botany should procure it.

—Dr. M. Landesberg, of this city, has issued a paper of sixty odd pages, containing the statistics of 123 operations for cataract. The notes have been carefully taken, and will no doubt be appreciated by ophthalmologists.

### BOOK NOTICES.

*Cyclopedia of the Practice of Medicine.* Edited by H. Von Ziemssen. Vol. xiii. Diseases of the Spinal Cord and Medulla Oblongata, by Prof. W. H. Erb. Vol. xvii, General Anomalies of Nutrition and Poisons, by Professors H. Immermann, R. Behm, B. Naunyn, and H. Von Boeck. New York, Wm. Wood & Co., 1878.

In the thirteenth volume Prof. Erb begins his discussion of diseases of the spinal cord, with general considerations on their symptomatology and etiology. In the latter he assigns the first place among acquired predisposing causes to sexual excess. While he acknowledges that at times the influence of this factor has been overestimated, he believes that at present the tendency is to underrate its dangers. With Sir James Paget, however, Prof. Erb does not consider masturbation any more pernicious than natural coitus, an opinion in which we are fully convinced both these eminent authorities are in error.

Following this, the diseases are divided into those of the membranes and those of the substance of the cord. "Spinal irritation" is justly recognized as a distinct and real disease. Myelitis is subjected to an extended inquiry, and an effort made to clear up the obscurity which hangs over the varieties of this multiform complaint. Tabes dorsalis is the old name retained for a group of symptoms which have been variously divided of late years. Prof. Erb states that he has extensively studied Westphal's diagnostic dis-

covery of "Tendon Reflex," and reposes great confidence in it.

In the other volume mentioned at the head of this article, Prof. Immermann discusses haemophilia, scurvy, and the *morbus maculosus*. He recognizes the wide-spread existence of land scurvy seen in recent years; and although he speaks of the "chaos of professional opinion" on this malady, he judiciously recognizes the condition as an individual disease. What he calls the *morbus maculosus* of Werlhof is better known as *purpura hemorrhagica*, and it would have been better to have retained this latter title.

Most of the volume is occupied with poisons. Böehm treats poisoning by mettaloids, mineral and vegetable acids, alkalies, anaesthetics and tainted food; Naunyn discusses poisoning by the heavy metals and their salts; and Von Bœck the vegetable poisons. These are all discussed with considerable fullness, and a full line of authorities quoted on the symptoms, pathology, etc., of the various attacks. We note, however, that under mushroom poisoning nothing is said of the antidotal power of daturine, and the antagonism of poisons might advantageously have been more fully brought out in several cases.

The typographical execution of the work is, as usual, entirely satisfactory, and the careful indexing and proof reading it has received are points of value to every reader.

**Half-Yearly Compendium of Medical Science.** Part xxiii, January 1879, pp. 300. D. G. Brinton, 115 S. Seventh street. Price \$2.50 per year.

The January number of the **HALF-YEARLY COMPENDIUM** contains articles on 213 subjects, and from 215 writers who have contributed important articles to periodical medical literature within the last six months of 1878. Of these 94 are American and 121 foreign. Sometimes they are given in abstract, sometimes in the words of the original. The whole range of medical literature has been investigated, the work being divided into seven sections.

With such a comprehensive plan, and carried out in such a thorough manner, little which is at once new and worth knowing has escaped the eyes of the compilers.

The editor announces that the next number, that for July, will complete the second series, and that it will include indexes to each of the seven departments, which, as they are separately paged, can then be taken apart and bound in independent volumes.

The publisher offers the **COMPENDIUM** to subscribers to the **REPORTER** at \$2.00 per year, and

as its field and its contents are wholly separate from that of the weekly, the combination makes one of great value to practitioners.

The attention which is given to American authors in this publication gives it a distinctive value which none other of the class possesses.

**Physiology ; Preliminary Course Lectures.** By James T. Whittaker, M.A. M.D., Professor of Physiology in the Medical College of Ohio. Cincinnati, Robert Clark & Co.; pp. 288. Price \$1.75.

In a dozen lectures, which in all make up but a small-sized volume of less than 300 pages, the writer gives a brief sketch of the history of physiology, the doctrines of the conservation of force, the origin and evolution of life, protoplasm, and the properties of bone, muscle, nerve and blood. Necessarily, in such a survey, much must be stated incompletely, much must be taken for granted, the connection of many associated researches left vague and ill-defined. Yet, as the author informs us in the title and preface that these lectures are preliminary only, and adapted to "the reach and comprehension of the first course student," it would be unfair to condemn. In fact, as popular presentations of physiological themes, the lectures are good, in some parts uncommonly good. The statements are lucid and the style entertaining.

Nevertheless, we confess to a doubt as to whether it was worth while to put in such a permanent form as a book such confessedly elementary instructions. We must acknowledge that, having long been familiar with the author's ability in certain fields of research, we were disappointed that he did not give us his best rather than his easiest. He can do so much better work than is here exhibited, that the present example does not do him justice.

**An Introduction to Morbid Anatomy.** By T. Henry Green, M.D., London. Third American from the fourth Enlarged English Edition. With 182 illustrations. Philadelphia, Henry C. Lea, 1878, pp. 329.

The treatise of Dr. Green is compact, clearly expressed, up to the times, and popular as a text book, both in England and America. The cuts are sufficiently numerous, and usually well made.

In the present edition such new matter has been added as was necessary to embrace the later results in pathological research. The general plan of the work has not been altered, and the additions do not add inconveniently to its bulk. No doubt it will continue to enjoy the favor it has received at the hands of the profession.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

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## LATE DISCOVERIES REGARDING THE NATURE OF CONTAGION.

Recent researches into the intimate nature of contagion have led to positive results in that branch which cannot but have great influence on the medicine of the future.

The most definite of these results have been obtained in the study of diseases of the lower animals. A little more than two years ago Professor KOCH published in the *Beiträge zur Biologie und Pflanzenkunde* (1876) a study of the contagious principle of anthrax in cattle. This disease is very common in the bovine species and among sheep. It is less common in horses and swine. So fatal is it in some districts, that it forms a serious impediment to the successful prosecution of stock raising. Thus in the Scotch Highlands it is stated, on good authority, that in some years fully fifty per cent. of the total mortality among the flocks is due to the disease known as "braxy," which is but a form of anthrax. In France, under the name "charbon," and in this country as "bloody murrain" and "black

quarter," anthrax is familiar to most farmers as a much dreaded and most fatal disease.

The histological investigations of Dr. KOCH led him to the discovery, in the blood of anthracose patients, of a vegetable organism of the genus *Bacillus*, to which he applied the name *Bacillus anthracis*. As is well known to microscopists, the *Bacillus* is, as its name denotes, a slender, rod-like filament, straight or disposed in angles, sometimes in a zigzag form. The most familiar representative of the genus is the *Bacillus subtilis*, which can generally be discovered in an ordinary infusion of hay, and is often found in drinking water, developed probably from the grass which has fallen into the parent streams.

Last spring Dr. KLEIN, of London, supplemented the work of Prof. KOCH by a series of most carefully carried out researches on the disease of swine which is known in Ireland as "red soldier," and which in this country is only too familiar as "the blue disease," as it is one of those often grouped under the meaningless name of "hog cholera." He found it wholly dissimilar from the anthracose diseases, in development and pathology, though resembling them in symptomatology. The blood did not reveal the *Bacillus anthracis*; but a microscopic investigation of the serous fluid found after death in the pleural and peritoneal cavities, as well as that contained in the serous membranes, disclosed innumerable individuals of another *Bacillus*, in all respects, as far as noted, resembling the *Bacillus subtilis*. The question arose, was this the *contagium virum* of the disease?

To answer this momentous question Dr. KLEIN took an exceedingly small quantity of the diseased serum and placed it in a drop or two of aqueous humor from the eye of a rabbit, and closing it hermetically incubated it in a sand bath for twenty-four hours; at the expiration of this time, he took a like minute quantity of this product, and placing it in some more aqueous humor, repeated the process; and so on for eight times; so that unless there was actual and rapid reproduction of the supposed contagium, its dilution would have been so great that as a mere

poison it could have absolutely no effect. With this last dilution he inoculated several healthy pigs who had not been exposed to any other form of the contagion. The experiment was crucial and the result indisputable. Every one of these pigs fell sick and died, exhibiting in the period of latency the symptoms and the pathological appearances, every one of the characteristics of the disease in question, to which Dr. KLEIN has given the name of "contagious pneumo-enteritis." Certainly no experiments could be imagined more satisfactory and convincing than these.

Still more recently Professor KLEBS has tried this method of the cultivation of contagium outside the body, with the syphilitic poison, and with like brilliant results. He found that by removing a primary, indurated Hunterian chancre, and submitting it with certain precautions to a microscopic investigation, moving vegetable forms were discoverable, which, in their earlier stages were also rod-like, or similar to *Bacilli*, and later arranged themselves into globular or ovoidal masses, by numbers of simpler forms weaving themselves, as it were, into a ball. These forms he cultivated in a manner analogous to that described above, through several generations, until it was absolutely certain that no other product of the original chancre was present in the solution, beyond these self-multiplying vegetable forms.

To avoid a further possibility of error which would be present if the inoculation were performed on a member of the human species, he chose as his subjects monkeys, both male and female. The result was as striking as in Dr. KLEIN's experiments. These animals, after the usual period of latency, to wit, six weeks, were attacked with unmistakable secondary syphilis, followed by the usual tertiary forms of osseous degeneration, etc. Very careful autopsies of the animals revealed nearly all the syphilitic changes in the hard and soft parts which the disease produces when unchecked in the human race. The well defined and easily recognizable organisms which these experiments prove to be the contagium vivum of syphilis, Prof. KLEBS calls by the provisional name *helico-monads*.

All must agree that these discoveries, which thus define so clearly the contagious principles of three most terrible scourges of three different species of animals, are among the most momentous of this decade. The ground thus cleared, with a positive knowledge of what it is we have to fight against, the next step—the grand one, of the discovery of an agent which will render the animal economy an inapt soil for the growth of these vegetable organisms—is neither an impossible one, nor, we have faith to believe, is it very remote.

## NOTES AND COMMENTS.

### **Bills Presented, and a Few Words About Them.**

Inclosed in this number of the REPORTER we forward bills for the current year, to all our subscribers from whom we have not heard; and we respectfully ask that in all instances those who receive them will give them early attention, by remitting us the amount in the usual way.

Should, in any case, the subscriber think the bill is incorrect, it will give us the greatest pleasure to forward a detailed statement and make any corrections which the facts require. We try to exercise the utmost care in these matters, but the most accurate are occasionally at fault.

We are well aware that in some instances payments can be made more conveniently later in the season. In such cases, we urgently request subscribers to write us to that effect, stating in what month they will respond, so that we can make a note of it, and not annoy them with inquiries. A few minutes of time and the use of a postal card are all that are needed in any case to prevent the unpleasant emotions which attend not only the receipt but also the presentation of a "dun."

### **Resections of the Knee.**

Dr. Servais, of Antwerp, in a monograph recently published, entitled "Conservative Surgery," a notice of which is translated by Dr. Praeger, of this city, gives a new method of procedure in resections of the knee, and states the results of ten consecutive operations, of which three were complete resections of the knee. The patients are in good health, and can walk from morning until night. Of two cases of resection of the superior extremity of the femur, the one patient has a shortening of 14 c., the other of 8 c. They both walk easily without support. Of three cases of

complete resection of the elbow, the patients enjoy all the functions of the removed articulation; one case of resection of the scaphoid and the three cuneiforms; amputation upon malleoli and cured. In one case of resection of the inferior extremity of the fibula, the patient walks well and health excellent. These patients' ages varied from 12 to 40 years, and some were of a strumous constitution. Total: 10 successes, and not a single fatal case. Dr. Servais furthermore states that all these patients were treated at their residences, and that he used the carbolic acid dressing, and prescribed them all a tonic regimen, and allowed them to drink beer and wine with discretion. The pharmaceutic agent used was quinine in the form of tincture, in addition to plenty of wine. He advocates the following method of operating at the knee: Instead of removing the extremities of the femur and tibia by a horizontal section, he practices an oblique section, from above, down, back to front, and from without, within. The height at which the section is to be made will be indicated by the extension of the bony lesions. This he declares will prevent the powerful contractions of the quadriceps crural from drawing the femur outward, forward, and upward. He dispenses with the osseous sutures, but firmly supports the bones against each other, which gives rise to an overlapping, favorable to the formation of solid callus. He mentioned also that W. H. Pancoast, one of the most skillful surgeons of Philadelphia, stated that in simple fractures of the tibia, where the fibula remained intact, great difficulties would be experienced as to its consolidation. If in such a case, Dr. S. says, we fracture the fibula, henceforth nothing would prevent its consolidation, consequently the overlapping of the fragments is thus a favorable condition in the cure of synostosis.

#### The Laws of Therapeutics.

Dr. Joseph Kidd, of London, the medical attendant on Disraeli, and a physician of the largest and most fashionable London practice (as his reported professional income of £100 per day testifies) has recently come before the public as an author, we believe, for the first time. He was, at the time he went to Berlin, reported by various American newspapers to be a homeopathist, but in this book, which deals with the laws of therapeutics, he scouts the doctrine of potencies and infinitesimals. He very properly avoids any comprehensive and final assertion as to the universality of any law; and, indeed, he finds that the Hahn-

nemannic and the Galenic laws, diametrically opposed as they are, are both laws of nature. as much one as the other. Nor does he even give any exact indication as to when similars or when contraries should be adopted. But what he aims to show is mainly that while a "contrary" remedy may *relieve*, it is usually left for a "similar" remedy to cure. This is illustrated by some remarkable cures of lithic acid gravel by small doses of nitric acid. Sir Henry Thompson has shown that while alkaline treatment will no doubt counteract the effects of uric acid, it will not check its formation. Dr. Kidd's contention is that, in such cases, as a rule, the treatment by acids in small doses follows the more generally valid law of cure. This principle is exemplified with respect to many other diseases, and the argument is supported by a large number of cases drawn from the author's own practice.

It is thus seen that this writer stands exactly where old Michael Albertus, and for that matter all enlightened modern physicians have stood (See REPORTER, vol. xxix, p. 345). Fettered by no exclusive dogma, tied to no limited induction, every clear-minded medical observer will practice by similars or contraries, by both or by neither, as his own studies and experiences suggest to him is most appropriate to the particular disease and the particular case he has before him. Often he will trust to an intelligently supervised expectant method alone; and often again he will be guided by the result of a well established empiric method, which has no visible connection whatever, either with the doctrine of contraries or of similars. This is the only true therapeutical method.

#### Health Resorts in Egypt.

In a paper before the German Association, at its last meeting at Cassel, Dr. Mook, who had spent three years in Cairo, gave his opinions about the suitability of that ancient territory as a resort for invalids. Cairo itself he condemned wholly. Infectious diseases are always prevalent; the sewerage is wretched, and winter and summer are alike trying to an enfeebled constitution. Luxor, where Cook's Hotel is situated, is much better, but fogs are common, and in winter the mercury often sinks to the freezing point. In conclusion, Dr. Mook thinks that a winter on the Nile should not be recommended to an invalid. The cost is great, conveniences scarce, the climate changeable. As a summer residence, Egypt has advantages in its steady, high temperature for sufferers from chronic rheumatism, chronic pleurisy, and syphilis.

**Trichina in American Pork.**

Our German exchanges note another scare about American pork in Germany. In Heilbron the authorities made a seizure of 1250 hams and 300 sides of bacon, recently consigned there from an American house, and which had escaped official inspection. They found 8 per cent. of the whole crammed with the capsules of the trichina (*sehr stark mit Trichinen besetzt*). Of course, it led to a strong prejudice against the whole lot, and a general avoidance of American pork. It would be very much to the interest of the pork producing parts of this country for Congress to appoint experts to make a thorough study of the prevalence and prevention of trichinosis. In this connection we call attention to the alleged curative power of ergot in the disease, which we mentioned once before in the REPORTER.

**Curare in Epilepsy.**

Dr. C. F. Kunze, of Halle, advocates the use of curare in epilepsy. He says he has tried the bromides enough: they only check the attacks for a few months, when they return more severe, than ever. Curare he has tried in eighty cases, of which he believes six have been radically cured. He uses the curare thus:

R.	Curaræ,	0.8
	Aqua destil,	5.0
	Mucilaginis,	gtt.1-2

For six or eight injections, one every five days.

The treatment is then stopped until the fits recur, when it is recommended.

**CORRESPONDENCE.****The Management of Puerperal Convulsions.**

ED. MED. AND SURG. REPORTER:—

In the MEDICAL AND SURGICAL REPORTER of the 11th inst. is an article under the caption, "Remarks on a Case of Puerperal Convulsions," by J. A. Rawls, M.D., which he closes by saying, "Now was the course pursued the best, under the circumstances above detailed? Editor please answer." I was formerly, for several years, a reader of the REPORTER, but, as now remembered, never wrote a line for your columns, and as you have not answered Dr. Rawls, I will endeavor to answer him for you, provided always, that the answer shall be considered mine and not yours.

It is to be regretted that the Doctor's report of the case is not more full, as while it is not necessary always that a report should be elaborate, yet the salient points should be made apparent. The personnel of the patient, the character of the pulse, the temperature, the breathing, the condition of the pupils of the eyes, whether urine in any quantity was present in the bladder, and the

character of the urine, were all matters to be taken into account in the case, and while he no doubt considered them, in his written showing of the case they are all wanting.

It is evident to obstetricians that perhaps a majority of cases of accouchement will terminate well and favorably with little or no attention on the part of the attending physician, or even in his absence; yet there is a percentage of the cases that require the best skill and most profound knowledge of our profession; and fortunately or unfortunately we never know in advance what a given case will be, therefore we should always go prepared for the worst, and to go otherwise is a sin of omission, at least. Hence the Doctor was wrong in going eight miles into the country without being fully prepared for any possible emergency that he might have to meet.

He was certainly right, in the absence of his forceps, or possibly preferable to the use of forceps, in turning and delivering by the feet, because prompt and early delivery by any safe means is the *sine qua non* in all such cases. The administration of chloroform was of doubtful utility, to say the least, while it probably provoked or added to the lesion that eventually resulted in death, and while the use of bromide of potassium may have acted favorably, it is not to be wholly relied on.

The Doctor was probably wrong in chief, inasmuch as he failed to bleed his patient, as no single remedy within the range of the whole *matéria medica* is so potent for good in this dread disease as the free use of the lancet, and its avoidance, and the attempt to supersede it by the use of chloroform and its kindred remedies, has brought to us only empty honors.

The very fact that the patient had a respite from the convulsions, of two hours, after the uterus was emptied, with the consequent loss of blood, was a strong argument in favor of depletion, and the fact that death occurred so soon was no argument against it, particularly when the convulsions recurred, and to all appearances were the cause of death.

But still no one can speak authoritatively of a case that he did not see; the doctor present alone knows or can know all the facts and features in a given case, and of all men, he alone can intelligently answer the question, "was the course pursued the best?" when he studies other cases, with their treatment, and in after years makes up a digest of them all. In this we are aided much by mutual criticisms, and to this end only is this written. ANDREW J. SCOTT, A.M., M.D.  
Loudonville, O., Jan. 15th, 1879.

**The Treatment of Lupus.**

ED. MED. AND SURG. REPORTER:—

Seeing an article in your Journal of January 11th, on the surgical treatment of lupus, which appears to me to be very tedious and painful, I am induced to report the following case which has recently come under my care:—

John C., aged about forty, some two years ago had what he thought a wart upon the pinna of the ear. This wart proving troublesome he was in the habit of picking at it, until it became an ulcer; he then applied many home-made salves, but

failing to heal the sore, applied to me for treatment. I was satisfied that I had a case of lupus to contend with, and told him it would be necessary to burn it; this he would not agree to until I had given him several ointments, such as carbolic, ung. hydg., ammonia, etc., to try and heal it. These having failed, as I anticipated, he consented to submit to any treatment I might deem advisable. The ulcer now extended over the greater portion of the upper part of the ear and the adjacent part of the head. On the 20th Oct., 1878, I applied a paste made of chloride zinc one part, and flour three parts, as advised by Erichsen, and sent him home, some five miles, with some morphia powders to take during the night, to relieve pain. On the morning of the 21st I visited him. He had not taken the morphia, saying the pain was not so severe as to require it. The whole of the ear and surrounding parts were much swollen and inflamed. Ordered flaxseed poultice; the swelling and inflammation gradually subsided, and on the 26th the whole of the slough or eschar caused by the paste had come away, leaving a healthy granulating surface. I now ordered the application of the following ointment: ungt. hydrarg. nit., 3*j*, cosmoline, 3*j*, recommended by Dr. G. MacConnell, MEDICAL AND SURGICAL REPORTER, Sept. 21st, 1878. The sore healed rapidly, and in ten days from application of zinc paste the man was at work.

If your readers will refer to the article on Surgical Treatment of Lupus, published in your Journal January 11th, 1879, and compare the treatment there recommended with the zinc paste, I do not think they will ever resort to the knife, needle, or scraper.

The main points of interest in my case are, 1st, the slight amount of pain, the patient walking five miles after application of the paste, and not taking the morphia with which he had been supplied, at any time during treatment, though the paste was kept on some twelve hours, and set up considerable inflammation. 2d, the short time required to effect a radical cure of a lupus of two years' standing. The object in treatment is to stimulate the vessels supplying the part, so as to substitute active healthy action for the sluggish, indolent condition always found in lupus, therefore your paste should be sufficiently strong and applied long enough to set up considerable inflammation, and to penetrate through the diseased to the healthy tissues, so that when your eschar comes off it may take the whole of the diseased part with it, otherwise you may have to make more than one application.

W.M. F. ALEXANDER, M.D.

Duffield's, W. Virginia, Jan. 18, 1879.

#### The Prevention of Consumption.

ED. MED. AND SURG. REPORTER:—

Two years ago, in an article to your Journal, I called attention to the advantages that I had found by the employment of gallic acid in the treatment of consumption. Since that time I have continued its use with good results; indeed, it has furnished relief when other remedies had failed. The ravages by this one disease are alarming, and every means that will furnish relief should be employed. By the adoption of the

astringent course of treatment much can be accomplished, especially in the earlier stages or in those cases that are predisposed to it, thus enabling the tissues to resist the development of these deposits. The reason I offer these suggestions is, that in my practice, and from information obtained from tanners, I have been unable to find a single case where a person employed about the vats in these manufactories has ever suffered or died from the effects of this disease, and they are greatly exposed, as the place is always damp. I have found persons who had suffered in the earlier stages of this affection, and who engaged in this business for the purpose of improving their health, and who obtained the desired results; they all lived to an old age. The reason for this is due, I think, to the inhalation from these vats, which contains the astringents used in the preparation of the leather. Now as these persons escape the ravages of this disease by these means, is it not natural for us to administer these astringents, as a means of prevention, to others who are not so employed? and I ask that the members of the medical profession will give this subject a consideration.

W. H. HUTT, M.D.  
324 Federal street, Philadelphia.

#### Remarks on the Rubber Ball Pessary.

ED. MED. AND SURG. REPORTER:—

I do not claim attention to the Ball Pessary because it is a new thing, but because it is a good thing too little used.

Every gynecologist has cases of prolapsus uteri which defy the ring or Hodge pessary, and do not call for the cup or stem supporters. Either the uterus is too heavy and sensitive for a single circle of support, or the enlarged and hyperæmic neck sags hopelessly through the support.

Especially in the latter case will the ball be of value. The constant, pliant, coaxing, even pressure on the hypertrophied neck, is one of the best means for atrophy, if I may be allowed the perversion of the word, the ball taking advantage of every yielding of tissue to gain ground and keep it. Not only will the neck shorten, not flatten, but the whole body will slowly rise, the more the longer the ball is retained, instead of sagging, as in the protracted use of other supports I know.

Old cases of prolapsus with hypertrophy, and supposed contraction of ligaments, yield to the ball after the failure of the best pessaries.

In some cases its use sets up a profuse serous or sanguineous discharge from the uterus which, if the ball be retained meanwhile and during the succeeding menstrual period, will reduce the organ to normal size in half the time it can be done by medicated suppositories.

Choose a simple rubber ball, such as children play with, of black or white rubber; the flexibility and diameter to suit the case. After a few days' retention, a larger size can frequently be employed.

Expel the air from the ball with thumb and finger of left hand, fold the ball with same of right hand, smear with cosmoline, keep its operculum in plane of osseum vaginae; have patient in knee-elbow position, vagina well opened; insert

folded ball, allow it gradually to fill with air. The disagreeable pressure on neck of bladder and rectum soon lessens and disappears as the ball works up.

Medicated enemata may be used while the ball is in situ, if the syringe tube is carefully managed. Astringent suppositories should supplement the effect of the ball on its removal, which the patient can sometimes accomplish by straining at stool, or the physician by refolding the ball in situ, a difficult matter I must acknowledge, and withdrawing it as inserted, only having the patient on the back or side. A. A. G.

Elmira, N. Y. Aug. 7th, 1878.

#### Cysto-Sarcoma (?) of Ovary.

##### ED. MED. AND SURG. REPORTER:—

Mrs. Josephine J., thirty years of age, married, was by me delivered of her second child, a male, on May 28th, 1874, after a labor of eighteen hours, which was followed the day succeeding by a very severe general peritonitis, lasting about ten days. A period of three years elapsed, during which I saw little of her; when, in May, 1877, she had what appeared to the practitioner who attended her a miscarriage—there being pain, hemorrhage and reduction of abdominal development, though I think no fetus was found. Soon after the abdomen again commenced to enlarge; and a rumor of extra-uterine pregnancy prevailed. On taking charge of her case, on January 1st, 1878, the following history was obtained: She felt a "burning pain" in the right iliac region soon after her miscarriage; the abdomen then commenced to enlarge, until it is now painfully distended; the catamenia are regular, the urine scanty, the appetite diminished, and the powers of life deteriorated. The abdominal distention presents prominently in front, and does not flatten out when the patient lies upon the back. Palpation gives unequivocal evidence of a large collection of fluid. For the relief of urgent symptoms, I performed paracentesis abdominis, January 8th, removing several gallons of chocolate-colored liquid, a portion of which, on being heated, proved to be almost wholly composed of albumen. The operation was repeated July 26th, September 5th, October 2d, and October 28th, the sufferer dying of exhaustion on November 6th.

The autopsy showed entire absence of cyst, and complete destruction of abdominal peritoneum, its site being strewed with nodules, one of which, the size of a native walnut, was attached by a short, slender pedicle. There was a large quantity of fluid, with a copious sediment of broken-down, flocculent material, the removal of which disclosed a tumor occupying the entire pelvic cavity, which, from its color, consistence and rounded exterior, resembled the brain. Its appearance, and the history of the case, led me to conclude that it was a cysto-sarcoma of the right ovary.

E. T. BLACKWELL, M.D.

Hackettstown, N. J.

—In a village with a population of not over 200, in Crawford county, seventeen children died in one week, with diphtheria.

## NEWS AND MISCELLANY.

#### Philadelphia County Medical Society.

The annual meeting of this Society was held Jan. 22d, at the Hall of the College of Physicians. The following were elected as officers for 1879: President, Henry H. Smith, M.D.; Vice-Presidents, John H. Packard, M.D., Robert Burns, M.D.; Treasurer, Wm. M. Welch, M.D.; Corresponding Secretary, Wm. Goodell, M.D.; Recording Secretary, Chas. B. Nancrede, M.D.; Assistant Recording Secretary, Joseph D. Nash, M.D.; Reporting Secretary, Frank Woodbury, M.D.; Librarian, M. O'Hara, M.D.; Censor, M. St. Clair Ash, M.D.

Delegates were also chosen to represent the Society at the next meeting of the Pennsylvania State Medical Society and of the American Medical Association. This is the third election of Professor Henry H. Smith to the position of presiding officer of the Society. Dr. Smith, upon taking his seat, made a brief address, in which he thanked the society for this evidence of their continued confidence. During the last year the number of members has been steadily increasing, and now numbers over 260.

A mutual aid association has been formed, which promises to be useful in looking after the widows and orphans of deceased members. The library, which was originated during the year, has now a considerable number of valuable volumes. The work of the Society has been steadily carried on; scientific papers being read on the second and fourth Wednesday of every month, excepting July and August.

A conversational meeting was held later in the evening, at which a large number of physicians were present.

Dr. M. O'Hara read a description of a "Case of Penetrating Wound of the Spinal Marrow," the patient being presented to the Society for examination.

Dr. Chas. D. Mills also read a paper on "The Localization of Diseases of the Brain," with the records of several cases, which elicited some general discussion.

The Secretary announced the death of Prof. John B. Biddle, M.D., a member of the Society. The President appointed Prof. Ellerslie Wallace, M.D., to prepare an obituary notice of Dr. Biddle to be sent to the Society of the State of Pennsylvania.

#### Value of a "Mad Stone."

The Waco, (Texas) *Examiner*, of recent date, contains this item: Dr. B. F. Graves, the druggist, yesterday paid Mr. Weir, of Brown county, the round sum of two hundred and fifty dollars for a stone—reputed to be veritable mad stone. Mr. Weir, we are told, found the stone in the stomach of a deer, in Arizona county, several years ago, and we are further informed that it never fails to extract the poison of mad dogs, snakes, tarantulas, and other venomous reptiles, insects and animals. The Doctor will keep the stone at his store, for the benefit of any one who may wish to test its virtues.

**Obituary Notices.**

—Dr. Jacob Bigelow died at his residence in Boston, on January 10th, at the age of ninety-one years. He was the oldest member of the Massachusetts Medical Society, and one of a group of prominent men whose lives are intimately connected with the early history of medicine in this country. Born but a few years after the Revolution, and graduated at Harvard in the class of 1806, his literary career began as early as 1814, with a work on botany, entitled *Florula Bostoniensis*, which to this day is the most complete work of its kind, and the standard authority. He was already a professor in 1815, and a few years later his beautiful plates of American Medical Botany made their appearance. His early lectures on the application of science to the useful arts gave a bent to his tastes and views, which ultimately terminated in his participation in the inauguration of the Institute of Technology.

—Dr. W. T. Nealis, who was for a number of years physician in the New York City Prison, died at his home, in that city, last week. Dr. Nealis was for four years Surgeon of Corcoran's Irish Legion.

**Sanitary Protection Associations.**

An association of the above character has been organized at Newport, R. I., of which Dr. Horatio R. Storer is one of the leading spirits. It is of such an enlightened and valuable character that it deserves general imitation. Its objects are, briefly—

1st. To provide its members, at moderate cost, with such advice and supervision as shall insure the proper sanitary condition of their own dwellings.

2d. To enable members to procure practical advice, on moderate terms, as to the best means of remedying defects in houses of the poorer class, in which they may be interested.

3d. To aid in improving the sanitary condition of the city.

A pamphlet containing the details of the organization can be had by addressing the Corresponding Secretary, Dr. H. R. Storer, at Newport.

**The Plague in Europe.**

VIENNA, Jan. 22.—Preliminary conferences in regard to the plague have commenced between the German Privy Councillor, Finkelnburg, and the members of the Austrian Sanitary Board.

The establishment of a rigorous sanitary cordon, with the co-operation of Roumania, from Memel to Sulina, is suggested.

Astrachan and vicinity have been severely attacked with the disease in a malignant form.

**Consumption of Alcoholics.**

On the authority of Mr. Nimmo, of the American Bureau of Statistics, the people of the United States consume liquor costing them (at retail price,) \$595,784,784 a year, whisky and such like spirits and wine being estimated at \$6 a gallon,

brandy at \$10, and ale, beer, etc., at \$20 a barrel; while the English excise returns show a consumption of liquor of the value of \$710,041,155. Taking American quantities at English prices, Mr. Saunders of London declares that if the Englishmen only drank as much as Americans they would expend annually only \$340,000,000.

**Vital Statistics of London.**

During the fifty-two weeks of 1878, 83,895 deaths were registered in London, of which 14,734, or 18 per cent., were referred to the seven principal zymotic diseases; the death-rate from all causes was equal to 23.5, and from the seven principal zymotic diseases to 4.1 per 1000 of the population, against 21.9 and 3.5 respectively in 1877.

**Items.**

—In the case of Aiken *vs.* The Illinois State Board of Health, the appellate court has just rendered a decision sustaining the ruling of the lower court, and thus further confirming the board in its right under the law, for unprofessional conduct, to deprive a practitioner of his license to practice.

**MARRIAGES.**

**BARTON—CHURCH.**—At the residence of Mr. Horace Church, in Pomeroy, Meigs Co., O., January 12th, 1879, by Rev. W. J. Griffith, Mr. Thomas H. Barton, M.D., of Syracuse, O., and Amanda Church, of Pomeroy, O.

**GILFILLEN—CAMPBELL.**—At Carlisle, Brown county, O., January 2d, 1879, by Rev. J. H. De Bruin, A. Gilfillen, M.D., and Miss Ascentia A. Campbell.

**POST—M'CONAUGHEY.**—By Rev. John McMillan, D. D., in the Reunion Presbyterian Church, Mt. Pleasant, Pa., on the 1st of January, 1879, Judge George W. Post, of York, Nebraska, and Miss Laura, daughter of Dr. James M'Conaughay, of Mt. Pleasant.

**DEATHS.**

**ALTROCCI.**—At Stamford, Conn., on Thursday, the 6th inst., of pneumonia, Annie Gertrude, wife of Nicola Altrocci, and daughter of Dr. H. M. and Ann Olivia Humphrey, aged 28 years.

**BAYLOR.**—In Denver, Colorado, on January 13th, 1879, Dr. John C. Baylor, of Norfolk, Va.

**DOW.**—At Hillsdale, Columbia county, N. Y., on January 14th, 1879, Joseph P. Dow, M.D., aged 73 years.

**HARDING.**—Suddenly, at the residence of his father, Dr. M. H. Harding, Sr., Laurenceburg, Ind., on the morning of the 12th inst., of diphtheria, after two days' illness, M. H. Harding, Jr., M.D., aged 24 years, graduate of the Ohio Medical College, 1878, and just entering upon the practice of his profession.

**LAUGHLIN.**—At his residence, in Bloomington McLean county, Ill., December 6th, 1878, of neuralgia of the heart, Dr. R. G. Laughlin, in the 51st year of his age.

**L'HOMMEDIEU.**—At the Fifth-Avenue Hotel, N. Y., of pneumonia, after six days' illness, Mrs. Emmeline L'Homedieu, wife of Dr. Samuel L'Homedieu.

**MIXSELL.**—At Mamaroneck, N. Y., January 13th, Warden Jackson, only son of Dr. A. J. and Lou Mixsell, aged 2 years, 5 months and 15 days.

**PETERSON.**—On November 19th, 1878, of phthisis, Dr. J. J. Peterson.

**RANNEY.**—Henry D. Ranney, M.D., of New York city, on the 11th inst., aged 61 years.